

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P 3 8 4

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$1.5 million

b. FFY 2002 \$3.0 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2.-A, Page 18, Item B, (9)
Supplement 6 to Attachment 2.6-A
Supplement 8b to Attachment 2.6-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

Attachment 2.2.-A, Page 18, Item B, (9)
Supplement 6 to Attachment 2.6-A
Supplement 8b to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT: Delaware Medicaid is amending the State Plan to provide coverage for a new optional categorically needy Medicaid population group. This group will be limited to individuals who lose SSI due to receipt of Social Security Disability and are not yet eligible for Medicare.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's comments to follow
by separate correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Gregg C. Sylvester,

1D, Secretary, Dept. of Health and Social

15. DATE SUBMITTED: Services

16. RETURN TO:

Elaine Archangelo
Director
Division of Social Services
P.O. Box 906
New Castle, DE 19720-0906

17. DATE RECEIVED:

JAN 17 2001

18. DATE APPROVED:

PLAN APPROVED: ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEB 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Claire V. Campbell

22. TITLE: Associate Regional Administrator

Division of Medicaid & State Oper. HCFA

23. REMARKS:

NEW PLAN

Revision: HCFA-PM-91-4

(BPD)

ATTACHMENT 2.2-A

Page 18

OME NO.: 0938

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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C. Optional Groups Other Than the Medically Needy
(Continued)

- ☐ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- ☐ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ☐ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- ☒ (9) Individuals in additional classifications approved by the Secretary as follows:

Individuals who lose SSI due to receipt of Social Security Disability and are not yet eligible for Medicare.

TN No. SP-384

Supersedes

TN No. SP-300

Approval Date APR 17 2001

Effective Date February 1, 2001

HCFA ID: 7983E

NEW PLAN

Revision: HCFA-AT-85-3
FEBRUARY 1985

SUPPLEMENT 6 TO
ATTACHMENT 2.6-A

State DELAWARE

Standards for Optional State Supplementary Payments

PAYMENT CATEGORY (REASONABLE CLASSIFICATION)	FEDERAL	STATE	INCOME		LEVELS		INCOME DISREGARDS EMPLOYED
			GROSS 1 Person	Couple	NET 1 Person	Couple	
(1) Individuals Residing in Adult Foster Care Homes	(2) X		(3) SSI + \$140 + \$20		(4) SSI + \$140		(5) Disregards According to the SSI Program
Individuals Who Lose SSI Due to Receipt of Social Security Disability and Are Not Yet Eligible for Medicare		X	\$5.00		\$5.00		All Income is Excluded

TN No. SP-384
Supersedes
TN No. SP-326

Approval Date APR 17 2001
Effective Date February 1, 2001

NEW PLAN

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 8b to ATTACHMENT 2.6 - A
Page 1
OMB No.: 0938 -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Delaware

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r) (2) OF THE ACT

/ / Section 1902 (f) State / X / Non-Section 1902 (f) State

Delaware will disregard all resources for pregnant women and qualified children covered under Section 1902 (a) (10) (A) (i) (III) and 1905 (r) of the Social Security Act.

The following are more liberal resource requirements than SSI for determining eligibility of individuals as Qualified Medicare beneficiaries, Specified Low Income Medicare Beneficiaries, Qualifying Disabled and Working Individuals, Qualifying Individuals-1, Qualifying Individuals-2 and as individuals under the provisions of 42 CFR 435.211 and 435.231:

All resources of the applicant and spouse of the applicant are excluded for QMB, SLMB, QDWI, QI-1 and QI-2 cases.

The following are more liberal resource requirements than SSI for determining eligibility of individuals known as the Medical Assistance during Transition to Medicare (MAT) group, individuals who lose SSI due to receipt of Social Security Disability and are not yet eligible for Medicare and as individuals under the provisions of 42 CFR 435.230. 2

All resources of the applicant and spouse of the applicant are excluded for MAT cases.

TN No. SP-384

Supersedes

TN. No. SP-380

Approval Date APR 17 2001

Effective Date February 1, 2001